

**THE OFFICE OF THE INSPECTOR GENERAL**

**DMHMRSAS**

**PRIMARY INSPECTION**

**Southwestern Virginia Mental Health Institute**

**ANITA S. EVERETT, MD**

**INSPECTOR GENERAL**

**OIG REPORT # 51-01**

**EXECUTIVE SUMMARY**

This report summarizes the findings during a primary inspection of Southwestern Virginia Mental Health Institute, which occurred on December 4 -5, 2001.

Primary inspections as defined by the Office of the Inspector General are routine comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia.

SWVMHI has undergone a number of environmental changes over the past year as a result of an on-going renovation project. During the renovation of the Bagley Building, the facility became aware of a major difficulty with the plumbing system. This project

required the replacing of the aging water pipes. In order to accomplish this task, a systematic moving of patients from one ward to another had to occur. Additional renovations have been targeted so that the 16 bed adolescent unit can be moved into the primary services and residential building.

SWVMHI provides a broad array of treatment activities to patients based on the Boston Center model of psychiatric rehabilitation. Programming is available throughout the typical workday hours, evenings and weekends. Individualized treatment plans (ITP), based on assessments and consumer input are developed by an interdisciplinary team. These were noted both through a review of resident records and observer participation by the team in clinical team meetings.

The facility is facing difficulties in retaining direct care services positions. This coupled with limited programming space were identified by staff on all levels as SWVMHI 's greatest challenges.

**Facility:** Southwestern Virginia Mental Health Institute  
Marion, Virginia

**Date:** December 4-5, 2001

**Type of Inspection:** Primary Inspection / Announced

**Reviewers:** Anita Everett, MD  
Cathy Hill, M.Ed.  
Heather Glissman, BA

**Purpose of the Inspection:** To conduct a comprehensive inspection of eight areas at the facility as an aspect of routine on-going quality reviews.

**Sources of Information:** Interviews were conducted with staff, ranging from members in leadership positions to direct-care workers and patients. Documentation reviews included, but was not limited to: resident treatment records, selected Policies and Procedures, selected committee minutes, facility training materials, Performance Improvement/Quality Assurance Projects, and information regarding resident complaints and investigations. Activities and staff/resident interactions were observed.

**Areas Reviewed:**     Section One / Treatment with Dignity and Respect  
  
                                 Section Two / Locked Time-Out and Restraint  
  
                                 Section Three / Active Treatment  
  
                                 Section Four / Treatment Environment  
  
                                 Section Five / Access to Medical Care  
                                 Section Six / Public-Academic Relationships  
  
                                 Section Seven / Notable Administrative Activities  
  
                                 Section Eight / Facility Challenges

**Introduction:** This report summarizes the findings identified during a primary inspection of Southwestern Virginia Mental Health Institute (SWVMHI), which occurred on December 4-5, 2001.

The Office of the Inspector General defines primary inspections as routine comprehensive visits to the mental health and mental retardation facilities operated by the Commonwealth of Virginia. The purpose of this type of inspection is to evaluate components of the quality of care delivered by the facility and to make recommendations regarding performance improvement. The areas established for review in this report were selected based on the relevance to current reform activity being undertaken throughout the facilities in Virginia. This report intentionally focused on those issues that relate most directly to the quality of professional care provided to residents of the facility. The report is intended to provide a view into the current functioning of the mental health institute.

SWVMHI is one of eight mental health facilities operated by the Commonwealth that provides services to persons with a primary mental illness diagnosis. SWVMHI was originally founded in 1887 and at one time served a population of approximately 1600 patients. Services, except for the adolescent unit, have been consolidated in the Bagley Building since 1990. The adolescent unit is scheduled for consolidation during 2002.

The facility currently has an operational bed capacity of 177. The majority of patients served by the facility are adults, however, there is a 16 bed adolescent unit on the campus. This facility is accredited by the Joint Commission and holds Medicare and Medicaid certifications through the Center for Medical Services (CMS- formally HCFA).

The facility is located in Smyth County on approximately 100 acres. The Center receives persons from 24 counties and 8 cities in Southwestern Virginia. In addition, the facility works closely with nine area Community Services Boards.

## **TREATMENT WITH DIGNITY AND RESPECT**

Finding 1.1: Throughout the inspection, staff were observed to interact with the patients in a manner that reflects treatment with dignity and respect.

Background: There were opportunities throughout the inspection to observe the interactions between the staff and patients. Staff, of all disciplines, were noted to interact in a respectful manner treating the residents with dignity. Staff on the extended rehabilitation units and the low acuity units indicated that the lengths of stays for some of their consumers provides ample opportunity to get to know the patients and understand most of their goals and preferences.

An additional indicator of treatment with dignity and respect is the facility's acknowledgement of the role that spiritual beliefs play in the recovery process for some individuals. SWVMHI has a half-time contract chaplain who conducts inter-denominational services on-site twice weekly. Interviews revealed that this individual also addresses the spiritual needs of the patients and their families, which may surface throughout the course of the hospitalization. Much of the chaplain's work focuses on services designed for the geriatric population.

**Recommendation: Continue to foster an environment that treats the residents with dignity and respect.**

Finding 1.2: The advocate at SWVMHI addresses issues relevant to human rights through training, contact with patients and staff and monitoring of clinical activities.

Background: The Regional Office of Human Rights for this area is housed at this facility. Four advocates, including the Regional Director, staff the regional office. One of these advocates is primarily responsible for the human rights concerns/issues of the patients at this facility. The advocate participates in many information-sharing forums in order to keep abreast of issues that may be relevant to human rights. One such forum is the Special Management Committee. This group meets three times each week to review issues regarding patients that clinically require additional review and management.

The advocate describes a good working relationship with the administration. The advocate places a strong emphasis on mediation and to-date has never had a complaint during his two years in the position that has not been resolved at the facility level. During the period from 9/1/01 through 11/30/01 there had been 52 complaints. All were closed at the time of the OIG visit. 51 of the complaints had been resolved at the lowest level. Only one complaint needed to be addressed at the facility director level. The majority of these complaints centered on issues related to evaluation and treatment (13) and treatment with dignity (13).

The advocate verbalized a belief that intermittent and adequate training of staff is a key element in the reduction of issues associated with abuse and neglect. In addition to annual mandatory training of all staff, the advocate conducts annual specialized training with the nursing staff.

There is by report a strong Local Human Rights Committee. This committee is comprised of seven members; including three consumers, two family members and two professionals. This committee meets every other month to review plans, policies, and other documents associated with potential rights issues.

The advocate also described having a good working relationship with the abuse and neglect investigators at the facility. These trained investigators, one a former police investigator, conduct inquiries into all the allegations of abuse and neglect within the facility. The results of their investigations are forwarded to the Central Office for DMHMRSAS for final review and disposition. The advocate is usually present for interviews with patients and has the option of conducting a separate investigation into the event. From the period of May 2001 through November 2001, there were 16 allegations of abuse or neglect within the facility. 15 of these were determined unfounded. One allegation was classified as inappropriate behavior on the part of a staff member and appropriate corrective action was taken.

Six patients were interviewed regarding issues associated with abuse and neglect. All of them were able to identify the advocate and could describe how to proceed in registering a complaint or allegation of abuse and neglect.

**Recommendation 1.2: Continue to support the advocate's involvement and availability to patients in order to maximize awareness regarding issues relevant to human rights, complaints and abuse and neglect.**

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Finding 1.3: Staff had a working knowledge of issues associated with abuse and neglect.

Background: Five staff members were interviewed during the second shift regarding issues applicable to abuse and neglect. All members interviewed had a working knowledge of policy and procedures associated with identifying and reporting abuse and neglect. All were able to appropriately identify the reporting process as outlined by Departmental and facility policy. All were able to provide examples of ways patients may be neglected. Three of the five interviewed believed that abuse and neglect is more likely to occur when a staff member is new because of lack of familiarity of working with persons with severe mental illness.

Recommendation: Continue to provide staff training and increased awareness regarding issues relevant to abuse and neglect.

## **THE USE OF SECLUSION AND RESTRAINT**

Finding 2.1: There has been a reduction in the use of seclusion and restraint in the facility.

Background: This facility has demonstrated a steady reduction in the use of seclusion and restraint over the past several years. This reduction has been accomplished in part because of increased training of direct care nursing staff on the use of alternate methods for dealing with crisis situations such as recognizing early warning signals, increased patient participation in the crafting of their treatment, the development of the Special Management Committee, and the increased use of behavioral interventions. There was a brief period of increased usage during 2001, which was attributed to the acuity levels of several patients. As more assertive community treatment programs become an option of care for the seriously mentally ill, community based treatment will serve individuals who may have found hospitalization as the method for achieving stability in the past. As this trend continues, facilities will continue to serve those at the greatest risk for harming themselves and others.

Staff interviewed were able to identify a number of crisis interventions for addressing emergency situations. Those interviewed were candid about the shift in attitude that has

occurred within the facility over the past several years in viewing the use of seclusion and restraint as emergency procedures instead of behavioral consequences for “acting-out” patients.

**Recommendation: Continue to foster an environment that strives to reduce the use of S/R except in emergency situations of imminent risk.**

## **TREATMENT ENVIRONMENT**

Finding 3.1: Efforts to make this facility appear more home-like were noted. The environment was observed to be clean, comfortable and well maintained.

Background: The team completed a tour of the Bagley Building and Building C where the adolescent unit is currently housed. These two buildings are the only ones on campus currently been used for residential quarters for the patients. Throughout the tour, the facility was noted to be clean, comfortable and well maintained. This was the case, despite major renovations underway.

The temperature in the building was appropriate for the season. Patients appeared well cared for and were observed to be appropriately dressed. Interviews with six patients during the second shift revealed that they were afforded opportunities to personalize their rooms, as well as experience some privacy when needed. They felt that the majority of staff recognized the stress associated with having to be in the hospital and residing in close quarters with “strangers” while trying to cope with their illnesses. In the Bagley Building, patients reside in single or double rooms that share a bathroom with the adjoining bedroom. This arrangement allows for greater privacy than the large bathroom area in Building C. Patients identified that adequate storage space was provided for their belongings. Efforts at making this environment appear more “home-like” were apparent. Holiday decorations were noted and several patients during the interview volunteered that opportunities were provided for them to assist in the holiday decorating. One group was particularly pleased with a tree that was decorated with a patriotic theme.



SWVMHI is one of two facilities in the Commonwealth that does not use the “cook-chill” system for meal preparation and delivery. There is a cafeteria where meals are prepared in accordance to plans overseen by a registered dietician and/or nutritionist. Meals are designed to meet the individualized nutritional needs of the patients. Special dietary needs are appropriately addressed.

The facility offers a wide array of library services for both the staff and patients. Materials available include but are not limited to books, magazines, local and state newspapers, audio and videocassettes, CDs, and pamphlets.

Recommendation: Continue to maintain this facility in a manner that fosters recovery.

### **Finding 3.2: There is inadequate space for effective programming.**

Background: The majority of off-unit programming for the adults occurs in the Harmon Building. Interviews indicated that the current configuration of available space requires the treatment units to schedule programming at alternate times in order to balance the active treatment needs of the patient’s with the demands for space. This alternating days or mornings vs. afternoon scheduling limits access to groups, diminishing their effectiveness. The facility had planned to renovate the Harmon Building so that staff offices can be relocated, therefore opening additional programming space in the Bagley Building. The facility plans on proceeding with the renovations as the necessary resources becomes available.

Recommendation: SWVMHI working closely with the Central Office in exploring options for expanding programming space.

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**Finding 3.3: Both staff and patients expressed concerns regarding security on the acute units.**

Background: Interviews with four staff members and seven patients revealed concerns regarding safety on the acute units. Staff related that there has been a steady increase of persons admitted that displayed high-risk behaviors for either harming themselves or others. A review of the past six months data regarding staff injuries revealed there were 65 incidents of staff injuries as a result of patient aggression. This number did not include other injuries that were patient related. Staff related that they were afforded a number of options for seeking assistance, addressing their concerns and communicating possible solutions to their concerns regarding security with supervisors. The facility has reviewed and implemented a security enhancement project. (Refer to Finding 7.2)

Two of the patients interviewed had never been hospitalized before and commented on how difficult it was to feel secure in an environment that was strange when they were feeling very vulnerable. Both had witnessed the use of seclusion and restraints with an aggressive patient. They related that staff addressed their concerns following the incident but both identified feeling very frightened during the episode without options for seeking support as all available staff were engaged in the procedure. The other patients related that staff actively addressed security concerns in community meetings and in other settings.

Recommendation: Continue to explore methods for enhancing security of both patients and staff.

## ACTIVE TREATMENT

Finding 4.1: The facility has been working towards a fully integrated psychosocial rehabilitation program.

SWVMHI has contracted with the Boston Center for Psychiatric Rehabilitation since 1999 to provide consultation and training regarding the Center's philosophy and principles. By self-report, the facility has completed approximately 11,000 hours of training to date. This model endorses assisting persons with serious psychiatric disabilities to function successfully in the environment of their choice and by their definition of successful living. This philosophy calls for the establishment of a partnership between the provider and the consumer in crafting a plan for increased functioning throughout the recovery process. The Center emphasizes that there is an element of recovery in all illnesses and mental illness is no exception. Mental illness can have an overwhelming impact on the lives of persons experiencing it. During the acute phases of the illness, people often feel isolated and disconnected from their supports, environment and frequently themselves. Recovery focuses on rebuilding these supports and foundations in a manner that matches the individual's goals and expectations of their own "life-plan". SWVMHI has implemented programming that is designed to meet the individual at whatever stage they are in the recovery process. This requires the completion of a readiness assessment, then identifying with the consumer how to best proceed in moving towards the established goals. The facility offers groups in the various stages of recovery from readiness development through engagement to achieving.

Interviews were conducted with both staff and patients regarding the effectiveness of the programming with favorable comments made by all those interviewed. In one of the groups observed, all the patients participated in a discussion regarding symptom identification and management. This included outlining a crisis management plan in advance with identified support systems so that early intervention could occur in the event that their illness becomes acute.

A review of records reflected the process involved in conducting the assessments and establishing the treatment plan with the patients. Six patients were interviewed; five identified being actively involved in the development of their goals for recovery. All interviewed were conversant regarding their medications and potential side effects.

It was noted during a tour of the programming space that there was inadequate space available to provide facility-wide programming without alternating times in order to accommodate the various populations and stages. Staff relevant announcements during programming were distracting and disruptive to services. The patient canteen is located in the midst of the programming space providing them with a relaxed environment for getting refreshments, socializing and preparing for groups.

Recommendation: Continue to enhance this program while focusing on renovations that would allow for increased programming space.

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**Finding 4.2: There is an array of activities available for patients during the evenings and weekends.**

Background: A review of program offerings, interviews with staff and patients as well as observations of group activities revealed the facility offers a variety of programming options during the evenings and weekends. Included are activities designed for identifying and increasing leisure skills, such as arts and crafts and recreational activities. Other offerings include anger management, relaxation techniques, stress management classes, current events and an intergenerational group activity.

Recommendation: Continue to expand programming options for patients during the evenings and weekends.

<b>ACCESS TO MEDICAL CARE</b>
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Finding 5.1:

## **PUBLIC-ACADEMIC RELATIONSHIPS**

Finding 6.1: SWVMHI has collaborative relationships with several colleges and universities throughout the Commonwealth and the surrounding states.

Background: The facility has a number of contracts established with colleges and universities to provide practicum experiences and internships in a variety of disciplines. Arrangements were identified with 22 colleges and universities. These arrangements include thirteen programs in Virginia, two in North Carolina, five in Tennessee, one in West Virginia, one in Kentucky, one in Pennsylvania and one in Mississippi. The following disciplines were represented among those contracts: medicine (2), nursing (4), occupational therapy (10), pharmacy (1), psychology (7), social work (2) and recreational therapy (1).

Recommendation: Continue to support public-academic relationships through providing internship and practicum sites as well as supporting research within the facility.

## **NOTABLE ADMINISTRATIVE PROJECTS**

Finding 7.1: The facility is in process of moving the adolescent unit to the Bagley Building.

Background: SWVMHI is unique in that it is the only mental health facility in the Commonwealth that provides services to both adults and adolescents. The adolescent unit has an operating capacity of 16beds. The average census daily was noted as being eleven adolescents. The census at the time of the inspection was nine, with one student on pass. Based on the unit sizes at the Commonwealth Center for Children and Adolescents,

reducing the unit size to a maximum operating capacity of 12 has been explored. One of the challenges for this setting is to provide services for the adolescents who have been hospitalized for treatment verses those hospitalized primarily for court-ordered evaluations. A number of adolescents are admitted through the court system for the completion of a ten-day evaluation. This evaluation is designed to provide information regarding the presence and severity of psychiatric illness as well as the identification of interventions that would provide for increased stability and the most effective treatment model for the child within the community setting. In many cases, these evaluations could be completed in the community if resources and providers were available. The focus of service provision for these individuals is very different than those admitted due to acute psychiatric symptoms.

Although as required, much of the programming provided for the adolescent during the academic year is educationally based, there are a number of evening and weekend therapeutic activities designed to assist these young people in self-discovery, symptom identification and management, relapse prevention and crisis management. The Boston Center model, although designed for adults, is being translated to serve the adolescent population by assisting them in making choices for successful living within the context of their limited experience. Programming has not been fully developed as the facility is currently exploring ways of introducing psychiatric rehabilitation principles into services targeted for this population. As one staff member verbalized, “ Working with this age group is less about psychiatric recovery than it is about psychiatric discovery ”.

A review of records revealed that the staff providing clinical care had a good working knowledge of the individual and focused treatment in such a manner to address the critical issues that act as barriers to that person’s discharge.

Plans are underway for moving the adolescent unit into the Bagley Building. This move provides for services to be provided in a more modern and updated area. The consolidation of all services in the singular complex also allows for greater access to staff in the event of an emergency situation. The unit is currently being renovated to provide self-contained services including a “school” and a dining room for the children. The space within the main building has been reconfigured to assure that adult areas are separate from those that will be utilized by the adolescents providing for maximum privacy for both groups.

**Recommendation: Complete the move of this unit to the Bagley building as planned.**

**Finding 7.2: The facility has instituted a security enhancement project.**

Background: The facility implemented a security enhancement project during 2001. This was initiated for a variety of reasons. One obvious reason for initiating this program was to maximize the safety of both patients and staff. The increased security force enables the facility to conduct more thorough screening for contraband, to provide additional support during crisis interventions within the facility, to escort adolescent patients to appointments or other activities in the Bagley Building and to monitor the buildings and grounds.

There are 11 members to the security force at the facility, including four part-time employees. All are certified police officers. Many of these individuals have served as law enforcement officers in other capacities for a number of years bringing a wealth of investigative and security experience to this setting. An officer is stationed at the front desk during visiting hours to screen for contraband and assist with securing unacceptable items from entering the facility. Lockers are available for visitors in order for them to secure their belongings until leaving the building. Officers are appropriately trained to assist in emergency behavioral management on the units. For example, four officers patrol the grounds and buildings during the second shift. They are available to remain for undefined periods of time on units, which are experiencing some disruption.

Both staff and patients identified the presence of security personnel on the units as positive. Three patients indicated that the officer's presence on the unit helped them feel more secure. They also related that the officers were friendly and personable, which helped to decrease anxiety they would normally feel in the company of law enforcement personnel.

**Recommendation: Continue to develop this service.**

## **FACILITY CHALLENGE**

8.1: Staff identified space and the turnover in direct service assistant positions as the greatest challenges facing the facility.

Background: Interviews were completed with 32 staff members during the course of the inspection. These persons were from all levels of service both clinical, administrative and security. The majority (29) described turnover in the direct care services positions as the greatest challenge currently facing the facility. The issue of adequate programming and treatment space was ranked second.

The turnover is problematic because the effectiveness of service provision is diminished when staff are in a training phase, unfamiliar with the operating procedures and learning how to interact and intervene with persons with severe mental illness. Seasoned staff related that a significant portion of their work time is spent assisting the new employee with becoming acclimated to the responsibilities and expectations associated with their positions. SVWMHI has a clear expectation that new direct care service employees will become certified nursing assistants during the initial phase of their training. The facility arranges for this additional training to occur and provides the financial assistance necessary for successful completion. In addition, the facility has developed a floater pool of staff. These staff positions are familiar with the operations of all the units and can be deployed as necessary.

Recommendation: Continue to address the issue of staff turnover.

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### **8.2: Facility has undergone several environmental changes during the past year.**

Background: SWVMHI has undergone a number of environmental changes over the past year as a result of an on-going renovation project. During the renovation of the Bagley Building, the facility became aware of a major difficulty with the plumbing system. This



project required the replacing of the aging water pipes. Funds originally targeted for the renovation of the Harmon Building were diverted to complete this project. In order to accomplish this task, a systematic moving of patients from one ward to another had to occur. These coordinated moves were particularly challenging for the staff. Those interviewed related that staff focused on accomplishing the planned moves in such a manner as to assure that the patients experienced minimal disruption. Many credited nursing staff, in particular, with being most helpful to the patients. The burden of shifting space was primarily absorbed by the staff as issues surfaced around the availability of programming and planning space during the renovations.

As previously mentioned (Findings 3.2 and 7.1), on-going renovations are scheduled for this facility as plans for the move of the adolescent program into the Bagley Building are completed.

**Recommendation:** Continue to complete planned changes in such a manner as to minimize the disruption of services.